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STATEMENT OF

FORM 1	ORGANIZATION						Office Use Only								
NAME OF COMMITTEE (in f	full)	(Check i			nple:If ty the line		уре	12	FE4	М5					
Greater Op	portur	nities for	Leade	rshi	De	evel	opm	ent	t (C	Ol	_D	PA	C)		
ADDRESS (number and	street)	PO Box 83142													
X (Check if address is changed)		Gaithersburg						M	D		20883		<u> </u>		
		CITY							TE			ZIP CODE			
COMMITTEE'S E-MAIL ADDRES (Check if address is changed)		S (Please provide vwinpisinger@c	-	mail add	lress)										
COMMITTEE'S WEB F	PAGE ADD	RESS (URL)													
(Check if ac is changed)															
2. DATE 11	30	2011	Y												
3. FEC IDENTIFICA	ATION NUI	MBER	C co	045274	3										
4. IS THIS STATEMI	ENT X	NEW (N)	OR		AM	ENDED) (A)								
I certify that I have ex-	amined this	s Statement and	to the best	of my k	nowledg	e and	belief it	t is tru	e, coi	rect a	and co	mplete	<u>.</u>		
Type or Print Name of	Treasurer	Marlene Moss													
Signature of Treasurer	Marlene ———	Moss			[Electro	nically I	Filed]	Date		11	/ [30	/ Y	201	1
NOTE: Submission of fa		ous, or incomplete					0 0				he pen	alties o	of 2 U.	S.C. §	§437g.
Office Use Only					For furth Federal E Toll Free Local 202	lection C 800-424-	Commissi -9530					EC F Revised			